

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9598

FILED MAR. 24 1952

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6073 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY ST. FRANCIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. FRANCIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL PERRY TWP		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL PERRY TWP.	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) R.2 BONNE TERRE 8940	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION R.2 BONNE TERRE			

3. NAME OF DECEASED a. (First) EVERETT b. (Middle) LUTHER c. (Last) FULLER		4. DATE OF DEATH (Month) (Day) (Year) MARCH 11, 1952	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 23, 1879
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING	
11. BIRTHPLACE (State or foreign country) E. ARCADE N.Y.		12. CITIZEN OF WHAT COUNTRY? U.S.A	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY V	

13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE EMMA FULLER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME EMMA FULLER ADDRESS R.2 BONNE TERRE MO

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 yrs.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shabets Coma		ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (b) _____		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 260x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 10, 1952, to March 11, 1952, that I last saw the deceased alive on March 10, 1952, and that death occurred at L.A. m., from the causes and on the date stated above.

23a. SIGNATURE Shelby R. ... (Degree or title)	23b. ADDRESS Forreston Mo	23c. DATE SIGNED 3-12-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MARCH 13, 1952	24c. NAME OF CEMETERY OR CREMATORY GERMANIA
24d. LOCATION (City, town, or county) (State) R.2 BONNE TERRE MO.	25. FUNERAL DIRECTOR'S SIGNATURE Wendell ... ADDRESS ...	
DATE REC'D BY LOCAL REG. Mar. 13, 1952	REGISTRAR'S SIGNATURE Other Rudloff	289 - 0

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Clarence J. Hayward

Signed.....
Student Embalmer

Licensed Embalmer No. 13706

P. O. Address Brown and 7th Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.